

LREG 09/2009

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORMATE OF HAWAII

	(Type or I	(Type or Print Clearly) STATE E	
PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
GO0	WILLIAM	L.	(808) 521-2661
MAILING ADDRESS (Street)		····	FAX (808) 521-2663
1188 Bishop Street, Suite 1805		_	EMAIL: wgoo@lava.net
(City)	(State)		(Zip Code)
Honolulu	HI	·	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys			(808) 521-2661
AAILING ADDRESS (Street)			FAX (808) 521-2663
1188 Bishop Street, Suite 1805	,		EMAIL sgattys@lava.net
(City)	(State)		(Zip Code)
Honolulu	н		96813

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	
CIGAR ASSOCIATION OF AMERICA, INC.	
MAILING ADDRESS (Street)	
818 Connecticut Avenue, NW, Suite 200	
(State)	(Zip Code)
	20006
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	
Lita M. Conklin	
MAILING ADDRESS (Street)	
818 Connecticut Avenue, NW, Suite 200	
(State)	(Zip Code)
	20006
	NW, Suite 200 (State) FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT NW, Suite 200

Page 1 of 2

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture ☐ Education	Human Services	Science, Technology & Economic Development			
Communications & Government Operations & Finance	ion & Intergovernmental Relation International Affairs	s, C Tourism & Recreation			
Consumer Protection & Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Health Preservation	Planning, Land & Water Use Management	✓ Other: (indicate below)			
Ecology, Energy Environmental Protection Housing	Public Safety & Corrections	Tobacco and cigars			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
(Cl Colo	1-22-13				
(Signature of Lobbyist)		(Date)			
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Craig P. Williamson President					
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
CIGAR ASSOCIATION OF AMERICA, INC	(202) 223-8204				
MAILING ADDRESS (Street)	FAX (202) 833-0379				
818 Connecticut Avenue, NW, Suite 200		EMAIL			
(City) (St	tate)	(Zip Code)			
Washington, DC		20006			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Cove P. Williamson		January 17, 2013			
(Signature of Authorizing Officer or Person	n Represented)	(Date)			